

**EMPLOYERS
ANNUAL RECONCILIATION
of Wisconsin Income Tax Withheld From Wages**

Business Name		
Legal Name		
Mailing Address - Street or PO Box		
City	State	Zip Code

Wisconsin Tax Account Number

- ☐ Check here if this is an **AMENDED** return
- ☐ Check if name and/or address change (note changes on back of form)
- ☐ Check if business discontinued (enter discontinuation date below)

(MM DD CCYY)

Use BLACK INK Only

DUE DATE: January 31,

Mail your return to: Wisconsin Department of Revenue
If refund or tax due PO Box 8981, Madison WI 53708-8981
If no tax due PO Box 8920, Madison WI 53708-8920

Federal Employer Identification Number
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Please complete this form if you have an active account even if you did not have employees this year.

Print numbers like this → 0 1 2 3 4 5 6 7 8 9 Not like this → Ø 1 4 7 NO COMMAS

1. Enter the number of employee W-2s **1** _____
2. Enter the number of other wage statements (1099Rs, W-2Gs, etc.) **2** _____
3. Line 1 plus Line 2 **3** _____
4. Total Wisconsin tax withheld shown on W-2s, 1099Rs & W-2Gs **4** _____
5. Wisconsin tax withheld according to payroll records for:
 - a. Quarter ended March 31 (Months of Jan, Feb, Mar) 1st Qtr **5a** _____
 - b. Quarter ended June 30 (Months of Apr, May, June) 2nd Qtr **5b** _____
 - c. Quarter ended September 30 (Months of Jul, Aug, Sep) 3rd Qtr **5c** _____
 - d. Quarter ended December 31 (Months of Oct, Nov, Dec) 4th Qtr **5d** _____
 - e. Total (Add lines 5a, 5b, 5c, and 5d) TOTAL **5e** _____
6. Enter the amount from line 4 or 5e. If the amounts are not equal, enter the larger amount .. **6** _____
7. Total withholding reported on Deposit Reports (Forms WT-6 or EFT) **7** _____
8. If line 6 is more than line 7, enter the difference on line 8. This is the TAX AMOUNT DUE .. **8** _____
9. If line 7 is more than line 6, enter the difference as the amount OVERPAID **9** _____

- If you are an annual filer, payment should accompany this form.
- Be sure to include copies of all wage and tax statements with your WT-7.

These forms are: ☐ attached and/or ☐ submitted electronically

LOC

FOR DEPT USE ONLY



Phone: (608) 266-2776
Email: dorwithholdingtax@revenue.wi.gov
Website: www.revenue.wi.gov

I hereby declare that this Reconciliation is true and complete to the best of my knowledge and belief.

Contact Person (please print clearly)	Signature	Phone Number	Date
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Please indicate reason for discontinuation:

- | | | |
|--|---|--|
| <input type="checkbox"/> Deceased | <input type="checkbox"/> Merger with _____ | <input type="checkbox"/> Partner added |
| <input type="checkbox"/> Formed LLC | <input type="checkbox"/> Business did not materialize | <input type="checkbox"/> Partner dropped |
| <input type="checkbox"/> Incorporated | <input type="checkbox"/> No taxable activity | <input type="checkbox"/> Sold to _____ |
| <input type="checkbox"/> Other (<i>please explain</i>) | | |

☐ **Name Change**

New Legal Name
New Business Name

☐ **Mailing Address Change**

Street Address or PO Box		
City	State	Zip code